

STATE OF ALABAMA ELECTRICAL CONTRACTORS LICENSING BOARD

INSTRUCTION TO APPLY FOR ELECTRICAL CONTRACTOR LICENSE BY EXAMINATION

Persons applying for statewide Electrical Contractor examination must demonstrate a minimum of four (4) years experience that shows that you have designed, planned, laid-out and directly supervised electrical construction activities and the installing of electrical components. For each employer listed, you must submit a list of jobs you have supervised electrical construction activities, on pages 4 and 5 of application. Applicant may substitute (1) year education in electrical curriculum for one-half (1/2) year electrical experience for a maximum of two (2) years credit of the four (4) years experience requirement. The applicant must submit a copy of the diploma or certificate. Licenses are issued to an individual only in the name of a business. Make sure you list a company name and information on the application or it will be denied. **Please type or print neatly on the application.**

Electrical Contractor – The scope of licensing includes installation, design, plan, laid-out and directly supervise electrical construction activities. This work supervised must be commercial or industrial. This license is unlimited in voltage and bid requirements.

THE COMPLETED NOTARIZED APPLICATION MUST BE RETURNED ALONG WITH THE EXAMINATION FEE OF \$165.00 IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER (PERSONAL CHECKS OR BUSINESS CHECKS WILL NOT BE ACCEPTED). THE EXAMINATION FEE IS NON-REFUNDABLE IF YOU ARE APPROVED TO TAKE THE EXAMINATION.

PLEASE MAKE CHECKS PAYABLE TO:

**ALABAMA ELECTRICAL CONTRACTORS BOARD
SUBMIT TO:
610 S. McDONOUGH ST.
MONTGOMERY, AL 36104**

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR EXAMINATION AS AN ELECTRICAL CONTRACTOR IN ACCORDANCE WITH ACT 85-921 STATE OF ALABAMA.

NAME IN FULL _____
(LAST) (FIRST) (MIDDLE)

RESIDENCE ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

BUSINESS ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE: (Home) _____ (Business) _____
(area code) (area code)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

Have you ever been convicted of a Felony or Misdemeanor other than a traffic violation? If yes, explain _____

The Board reserves the right to correspond with any employers and references listed in this application to check all information given.

Please list below the names, addresses and telephone numbers of three (3) persons other than relatives who have knowledge of your experience in electrical work to whom the Electrical Contractors Board may refer:

1. _____

2. _____

3. _____

TO CONDUCT BUSINESS AS (Check one only):

☐ Proprietorship ☐ Corporation ☐ Partnership ☐ Other (Specify)

NAME OF BUSINESS: _____

IRS (tax) Identification # _____

LOCATION OF BUSINESS:

(STREET) (CITY) (STATE) (ZIP CODE)

MAILING ADDRESS:

(STREET OR P.O. #) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER

(____) _____

FAX NUMBER

(____) _____

List all persons currently qualified with this business entity to engage in electrical contracting.

NAME	TYPE OF LICENSE	ISSUING JURISDICTION

The applicant must be legally qualified to act for this business entity in all matters concerned with its electrical contracting business.

I am aware of the penalties involved in permitting of an unlicensed contractor and certify that the information given in this application are true and correct to the best of my knowledge. I understand that any mis-information or false statement made herein will void any examination or license issued me upon this application.

The undersigned hereby declares that the information is a true statement of the experience of the individual herein first named as of the date herein first given; that this statement is for the express purpose of inducing the Electrical Contractors Board, to whom it is submitted, to issue to the submitter a State-wide electrical contractors license; and that any business entity or individual herein named is hereby authorized to supply such party with any information necessary to verify this statement.

This Applicant, employed by my company, has the authority to bind this company on matters connected with its electrical contracting business.

_____	_____
Date	Signature of the Company President, Chief Executive Officer or owner of the company.
_____	_____
Print Name	Title

**In this space applicant
must attach a clear,
full-face photo of head
and shoulders taken
within the past six (6)
months. 2"x2" size**

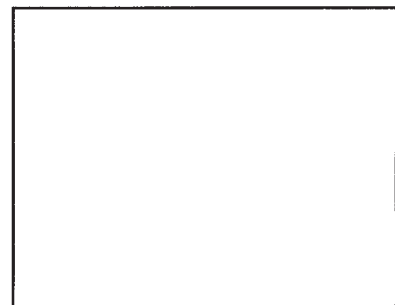
_____	_____
SIGNATURE OF APPLICANT	DATE

Subscribed and Sworn to before me
this _____ day of _____ 20____

NOTARY SEAL – SIGNATURE OF NOTARY PUBLIC

My Commission Expires _____
Commission Stamp

**THUMB PRINT TO BE
IMPRINTED AT
TEST SITE**



BUSINESS ENTITY JOB LIST

ELECTRICAL CONTRACTORS BOARD
610 S. McDonough St.
Montgomery, AL 36104

LIST OF JOBS AND/OR EDUCATION YOU SUPERVISED TO DEMONSTRATE FOUR (4) YEARS EXPERIENCE.
List in Chronological order.

Name of Business Entity _____ Applicant _____

A. Job start date (Mo/Yr) -----	Description of the Job	Dollar Value of Elec. Contract	Location City – State	Name of Person that pulled the permit	Name of General Contractor	If BUSINESS ENTITY Contacted directly with the OWNER, who was the owner or owners representative?
B. Job completion date (Mo/Yr)						
A. -----						
B.						
A. -----						
B.						
A. -----						
B.						
A. -----						
B.						

NOTE: If you require additional space, photo copy this page and attach additional pages to application

Name of Business Entity

Applicant

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A. ----- B.						
A. ----- B.						
A. ----- B.						
A. ----- B.						

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Name of Business Entity

Applicant

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FOR BOARD USE ONLY

APPLICATION FEE PAID _____ REMITTANCE DATE _____ REMITTANCE # _____

LICENSE FEE PAID _____ REMITTANCE DATE _____ REMITTANCE # _____

LICENSE NUMBER _____ DATE LICENSED _____

NAME OF LICENSEE _____

NAME OF BUSINESS WITH WHOM LICENSEE IS LICENSED _____

BUSINESS ADDRESS _____

NAME OF BUSINESS WITH WHOM LICENSEE IS LICENSED _____

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BUSINESS ADDRESS _____

DATE APPLICATION REVIEWED: _____ REVIEWED BY: _____

APPROVED FOR EXAMINATION: _____

DISAPPROVED FOR EXAMINATION DUE TO: _____

DATE EXAM GIVEN	EXAM NUMBER	SCORE	REVIEWED BY

EMPLOYMENT AFFIDAVIT

The information below is requested by the Alabama Electrical Contractors Board and must accompany the application of an applicant to take the Electrical Contractors Examination or Journeyman Electricians Examination.

Applicant must furnish the Board a separate affidavit from each employer listed on his application, certifying the hours in electrical construction work. Applicant CANNOT certify his/her own electrical construction hours.

TYPE OR PRINT ONLY

On this _____ day of _____ 20____, I hereby certify that

(Last Name) (First Name) (Middle Initial)

_____, was employed by _____
Social Security Number Company Name

_____ in the capacity of:
Company Address, City, State, Zip Code

(If employed in more than one capacity, list each position and the period of time applicable).

E First Position **apprentice electrician** from the 14th day of **November 1990**
X through the **30th** day of **August 1992**.
A Second Position **journeyman electrician** from the **1st** day of **September 1992**
M through the **30th** day of **December 1994**.
P Third Position **electrical supervisor** from the **3rd** day of **January 1995**
L through the **30th** day of **September 1997**.
E

First Position _____ from the _____ day of _____,
through the _____ day of _____, _____. Total hours worked _____

Second Position _____ from the _____ day of _____,
through the _____ day of _____, _____. Total hours worked _____
***(Only list time in hours not years. Multiply each year by 2,000 to convert years to hours.)**

Total Time Worked _____

I certify that the above statements are true and correct according to the Company Records and/or my personal knowledge.

This _____ day of _____ 20____

Name (PLEASE PRINT)

Signature

NOTARY
My Commission Expires _____

Company

(Seal)

LIC # or Title

(_____) (_____) _____
Phone Fax

Email: _____

IF THIS FORM IS NOT FILLED OUT ENTIRELY, THE APPLICATION WILL BE DENIED

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Signature

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My Commission Expires _____

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(Seal)

(_____) (_____) _____
Phone Fax

Email: _____

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